

PTO/SB/62 (04-05)

Approved for use through 11/00/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/053.045
Filing Date	Jan. 15, 2002
First Named Inventor	Hellman, Zıv Z.
Art Unit	2193
Examiner Name	Vu, Tuan A
Attorney Docket Number	UNI-003-US

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR I hereby appoint the practitioners associated with the Customer Number: 55890						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 55890 OR						
Firm or Individual Nam	Simon Kahn	Simon Kahn				
Address	c/o LandonIP, Inc. 1700 Diagonal Road - Suite 450					
City	Alexandria	State VA		Zip 22314-2866		
Country						
Telephone	703-486-1150	Emi	Simonka@barak.ne	9 t. í.		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	10000					
	iber CEO	Tolenh				
Date	1/17/2006	Teleph	1-0-0-001-110			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of	forms are submitted.					

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/96 (12-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Heilman.et al.				
Application No./Patent No./Control No.: 10/053,045	Filed/Issue Date: _january_15_2002			
Entitled: METHOD AND SYSTEM FOR DERIVING A TRANSFORMATION BY REFERRING SCHEMA TO A CENTRAL MODEL				
Unicorn Salutions, Inc.	.a. Corporation			
(Name of Assignce)	(Type of Assignee: corporation, partnership, university, government agency, etc.)			
states that it is: 1. the assignee of the entire right, title, and interest; or				
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)				
in the patent application/patent identified above by virtue of either:				
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012986, Frame 0677, or a true copy of the original assignment is attached.				
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:				
1. From:To				
The document was recorded in the United States				
Reel, Frame	, or for which a copy thereor is attached.			
2. From:	The survivariant and the survivariant surviv			
The document was recorded in the United States	Patent and Trademark Office at			
Reel, Frame	, or for which a copy thereof is attached.			
3. From: To	X			
The document was recorded in the United States	Patent and Trademark Office at			
Reel, Frame, or for which a copy thereof is attached.				
Additional documents in the chain of title are listed on	a supplemental sheet.			
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]				
The undersigned (whose title is supplied below) if authorized to	e act on behalf of the assignee.			
Signature	Date			
Zvi Schreiber	1-646-367-1100			
Printed or Typed Name Telephone				
GEO	MARIANIO PROVINCIO II REMANDINI AND AND AN			
Title				

This collection of information is required by 37 CFR 3.73(b). The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.C. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.